

SAMPLE CERTIFICATE OF LIABILITY INSURANCE FOR CITY OF LAKEWOOD BUILDING DEPARTMENT

DATE (MM/DD/YYYY) 04/09/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

certificate holder in lieu of such end	orsement(s).		CONTACT			
PRODUCER	NAME:					
Insurance Company			PHONE FAX (A.C. No, Ext): (A.C. No):			
1234 Main Street			ADDRESS: INSURER(S) AFFORDING COVERAGE			
City, State, Zip			INSURER A :	NAIC #		
NSURED			INSURER B: INSURER C:			
Insured Company			INSURER D:			
9999 Test Street			INSURER E:			
City, State, Zip			INSURER F:			
OVERAGES C			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SU	REQUIREMENT	TERM OR CONDITION IS INSURANCE AFFORD	N OF ANY CONTRACT DED BY THE POLICIE E BEEN REDUCED BY	OR OTHER I ES DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO A	TO WHICH THIS
TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$	\$1,000,000
CLAIMS-MADE OCCUR	×	00 000000 004			PREMISES (Ea occurrence) \$	
		99.999999-99A			MED EXP (Any one person) \$	
			1/1/2015	1/1/2016	PERSONAL & ADV INJURY \$	
GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$	
POLICY PRO- JECT LOC				1	PRODUCTS - COMP/OP AGG \$	
OTHER:					COMBINED SINGLE LIMIT e	
AUTOMOBILE LIABILITY	V				(Ea accident)	\$100,000
ANY AUTO ALL OWNED SCHEDULED	1 As	99.999999-99A	1/1/2015	1/1/2010	BODILY INJURY (Per person) \$	
ALL OWNED AUTOS NON-OWNED			1/1/2015	1/1/2016	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$	\$300,000
HIRED AUTOS NON-OWNED	ØR.		1	((Per accident)	\$100,000
IMPOCITATION					0	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MA	ne /				AGGREGATE \$	
T COMO NO					AGGREGATE \$	
WORKERS COMPENSATION	/				PER OTH-	1
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N I				E.L. EACH ACCIDENT \$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E L. DISEASE TEA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	
The state of the s						
						-
						1
Certificate holder is listed as A			Minimum req for Comme \$100,000	uirement i ercial Gene per Occurr	is \$1M in coverage eral Liability and eence/\$300,000 Lutomobile	()
ERTIFICATE HOLDER		CANCELLATION				
The City of Lakewood Division of Housing & Building			SHOULD ANY OF THE EXPIRATION ACCORDANCE W	N DATE THE	ESCRIBED POLICIES BE CANGEREOF, NOTICE WILL BE CYPROVISIONS.	DELIVERED I
12650 Detroit Ave		AUTHORIZED REPRESE	ENTATIVE			
Lakewood, Ohio 44107			Signature of a	uthorized	rep	
			0.10	100 2014 AC	ORD CORPORATION All	righte recon-